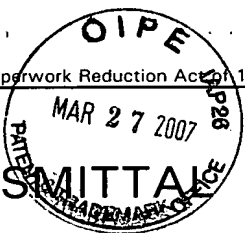


AA 37368  
PTO/SB/21 (12-97)

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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/009,663	
Filing Date	with an effective filing date of May 15, 2000	
First Named Inventor	Colin DUNLOP	
Group Art Unit	3736	
Examiner Name	Jonathan M. FOREMAN	Fax: (571) 273-8300
Total No. of Pages in this Submission: 16	Attorney Docket Number	GRIHAC P38AUS

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee attached <input checked="" type="checkbox"/> Amendment/Response <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (in Duplicate) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Part/s Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition (DELETED - no longer useful) <input type="checkbox"/> To Convert a Provisional Petition <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): Postcard
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REMARKS

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

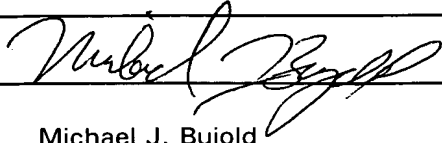
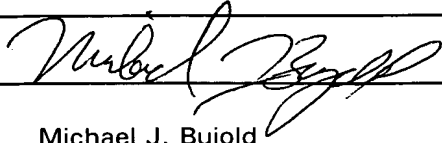
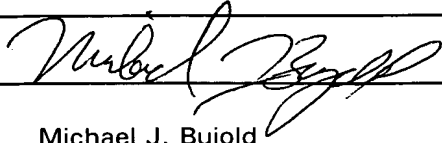
Firm or Individual Name	Michael J. Bujold DAVIS BUJOLD & DANIELS, P.L.L.C.	Reg. No. 32,018 CUSTOMER NO. 020210
Signature		
Date	March 22, 2007	

## CERTIFICATE OF MAILING

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<p>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4888)</p> <p><b>FEE TRANSMITTAL</b> <b>For FY 2007</b></p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>		<p><b>Complete if Known</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Application No. Filing Date First Named Inventor Examiner Name Art Unit</p> </td> <td style="width: 50%; vertical-align: top;"> <p>10/009,663 with an effective filing date of May 15, 2000 Colin DUNLOP Jonathan M. FOREMAN 3736</p> </td> </tr> <tr> <td style="vertical-align: top;"> <p>Attorney Docket No.</p> </td> <td style="vertical-align: top;"> <p>GRIHAC P38AUS</p> </td> </tr> </table>		<p>Application No. Filing Date First Named Inventor Examiner Name Art Unit</p>	<p>10/009,663 with an effective filing date of May 15, 2000 Colin DUNLOP Jonathan M. FOREMAN 3736</p>	<p>Attorney Docket No.</p>	<p>GRIHAC P38AUS</p>																																																																				
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<p><b>METHOD OF PAYMENT (check all that apply)</b></p> <p><input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____</p> <p><input checked="" type="checkbox"/> Deposit Account      Deposit Account Number <u>04-0213</u>      Deposit Account Name: <u>DAVIS &amp; BUJOLD, P.L.L.C.</u></p> <p>For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)</p> <p><input type="checkbox"/> Charge fee(s) indicated below      <input type="checkbox"/> Charge fee(s) indicated below except for the filing fee</p> <p><input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s)      <input type="checkbox"/> Credit any overpayments under 37 CFR 1.16 and 1.17</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on the this form. Provide credit card information and authorization on PTO-2038.</p>																																																																											
<p><b>FEE CALCULATION</b></p> <p>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Application Type</th> <th colspan="2">FILING FEES</th> <th colspan="2">SEARCH FEES</th> <th colspan="2">EXAMINATION FEES</th> <th rowspan="2">Fees Paid (\$)</th> </tr> <tr> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>Utility</td> <td>300</td> <td>150</td> <td>500</td> <td>250</td> <td>200</td> <td>100</td> <td></td> </tr> <tr> <td>Design</td> <td>200</td> <td>100</td> <td>100</td> <td>50</td> <td>130</td> <td>65</td> <td></td> </tr> <tr> <td>Plant</td> <td>200</td> <td>100</td> <td>300</td> <td>150</td> <td>160</td> <td>80</td> <td></td> </tr> <tr> <td>Reissue</td> <td>300</td> <td>150</td> <td>500</td> <td>250</td> <td>600</td> <td>300</td> <td></td> </tr> <tr> <td>Provisional</td> <td>200</td> <td>100</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td></td> </tr> </tbody> </table> <p>2. EXCESS CLAIM FEES</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Fee Description</th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>Each claim over 20 (including Reissues)</td> <td>50</td> <td>25</td> </tr> <tr> <td>Each independent claim over 3 (including Reissues)</td> <td>200</td> <td>100</td> </tr> <tr> <td>Multiple dependent claims</td> <td>360</td> <td>180</td> </tr> </tbody> </table> <p><u>Total Claims</u> -20 or HP = <u>Extra Claims</u> x <u>Fee (\$)</u> = <u>Fee Paid (\$)</u>      <u>Multiple Dependent Claims</u> Fee (\$) Fee Paid (\$)</p> <p><u>Indep. Claims</u> -3 or HP + <u>Extra Claims</u> x <u>Fee (\$)</u> = <u>Fee Paid (\$)</u></p> <p>HP = highest number of independent claims paid for, if greater than 3.</p> <p>3. APPLICATION SIZE FEE</p> <p>If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).</p> <p><u>Total Sheets</u> -100 = <u>Extra Sheets</u> / 50 = <u>No. of each additional 50 or fraction thereof</u> (round up to a whole number) x <u>Fee (\$)</u> = <u>Fee Paid (\$)</u></p> <p>4. OTHER FEE(S)</p> <p>Other (e.g., late filing surcharge): <u>Official Fee for Notice of Appeal</u> = <u>\$250</u></p> <p>Other (e.g., late filing surcharge): <u>Official Fee for Petition for Three Month Extension</u> = <u>\$510</u></p> <p><b>SUBMITTED BY</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Signature</td> <td style="width: 45%; text-align: center;"></td> <td style="width: 20%;">Telephone (603) 226-7490</td> </tr> <tr> <td>Name (Print/Type)</td> <td style="text-align: center;">Michael J. Bujold</td> <td>Date: March 22, 2007</td> </tr> </table>				Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Utility	300	150	500	250	200	100		Design	200	100	100	50	130	65		Plant	200	100	300	150	160	80		Reissue	300	150	500	250	600	300		Provisional	200	100	0	0	0	0		Fee Description	Fee (\$)	Small Entity Fee (\$)	Each claim over 20 (including Reissues)	50	25	Each independent claim over 3 (including Reissues)	200	100	Multiple dependent claims	360	180	Signature		Telephone (603) 226-7490	Name (Print/Type)	Michael J. Bujold	Date: March 22, 2007
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